

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration  
Submitted  
with Initial  
Filing

OR

☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

First Named Inventor

David Discenza

**COMPLETE IF KNOWN**

Application Number

60 / 205,615

Filing Date

05/19/00

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

David Discenza  
96 Buckingham Dr.  
Toms River NJ 08753  
US Citizen

Stephen M. Discenza  
170 Atkinson Ave  
Toms River NJ 08757  
US Citizen

(Title of the Invention)

the specification of which Portable PC Keyboard and mouse tray

☒ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 05/19/00

as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

093432-0540  
PTO/SB/01 (03-01)

Direct all correspondence to: <input type="checkbox"/>		Customer Number or Bar Code Label <input type="text"/>		OR <input checked="" type="checkbox"/> Correspondence address below	
Name <u>David Discena</u>					
Address <u>96 Buckingham Dr.</u>					
City <u>Toms River</u>		State <u>NJ</u>		ZIP <u>08753</u>	
Country <u>USA</u>		Telephone <u>732-864-0608</u>		Fax <u>—</u>	
<small>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</small>					
NAME OF SOLE OR FIRST INVENTOR: <input type="checkbox"/>			A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) <u>David</u>			Family Name or Surname <u>Discena</u>		
Inventor's Signature <u>[Signature]</u>			Date <u>5/10/01</u>		
Residence: City <u>Toms River</u>		State <u>NJ</u>		Country <u>USA</u> Citizenship <u>yes</u>	
Mailing Address <u>96 Buckingham Dr.</u>					
City <u>Toms River</u>		State <u>NJ</u>		ZIP <u>08753</u> Country <u>USA</u>	
NAME OF SECOND INVENTOR: <input type="checkbox"/>			A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) <u>Stephen M.</u>			Family Name or Surname <u>Discena</u>		
Inventor's Signature <u>[Signature]</u>			Date <u>5/10/01</u>		
Residence: City <u>Toms River</u>		State <u>NJ</u>		Country <u>USA</u> Citizenship <u>yes</u>	
Mailing Address <u>170 Atison Ave</u>					
City <u>Toms River</u>		State <u>NJ</u>		ZIP <u>08757</u> Country <u>USA</u>	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Variable	Mean	SD	Min	Max
Age	45.2	12.5	25	65
Gender	Male	10	0	20
Gender	Female	10	0	20
Marital status	Married	15	0	25
Marital status	Single	5	0	15
Marital status	Divorced	5	0	15
Marital status	Widowed	5	0	15
Education	High school	10	0	20
Education	College	10	0	20
Education	Postgraduate	10	0	20
Occupation	Manager	10	0	20
Occupation	Teacher	10	0	20
Occupation	Engineer	10	0	20
Occupation	Other	10	0	20
Income	Low	10	0	20
Income	Medium	10	0	20
Income	High	10	0	20
Health status	Good	10	0	20
Health status	Fair	10	0	20
Health status	Poor	10	0	20
Smoking status	Smoker	10	0	20
Smoking status	Non-smoker	10	0	20
Alcohol consumption	Regular	10	0	20
Alcohol consumption	Occasional	10	0	20
Alcohol consumption	Never	10	0	20
Exercise frequency	Regular	10	0	20
Exercise frequency	Occasional	10	0	20
Exercise frequency	Never	10	0	20
Stress level	Low	10	0	20
Stress level	Medium	10	0	20
Stress level	High	10	0	20
Life satisfaction	High	10	0	20
Life satisfaction	Medium	10	0	20
Life satisfaction	Low	10	0	20